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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/803,376
	Filing Date	March 18, 2004
	First Named Inventor	Wiegel, J. Parr
	Art Unit	3612
	Examiner Name	Gutman, Hilary L.
	Attorney Docket Number	94012.000003

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with Customer Number:

23387

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number

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OR

☐ Firm or Individual Name

Address

Address

City

State

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Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

X

Name

Anthony Sigilito

Date

X

1/11/07

Telephone

917 962 0139

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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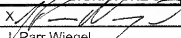
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SIGNATURE of Applicant or Assignee of Record

Signature	X 		
Name	J. Parr Wiegel		
Date	X 11/19/07	Telephone	

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